

Iowa Mental Health and Disability Services Redesign Outcomes and Performance Measures Committee

Possible Outcomes and Process Measures Dashboard Indicators

This document contains potential outcomes and performance measures that can be incorporated into a Dashboard Reporting tool that can be used as a snapshot to monitor the effectiveness of Iowa's mental health and disability services system. The suggested measures are not an exhaustive or comprehensive list of potential measures that are collected, and MHDS, Iowa Medicaid Enterprise, counties and Regions may collect other outcomes and performance measures for management purposes. It is expected that these measures will change over time as the system utilizes this information to drive decision-making. The suggested measures were collected from various tools, many of which contained similar measures.

The Domains identified by the Committee are relevant across disability groups. However, some measures may only be relevant to specific disabilities. Consequently, specific disability measures or further refinement of these measures may be necessary.

Typical sources of performance information that states use, many of which are in place in Iowa, include the following:

- Service coordination monitoring
- Record reviews
- Risk assessment results
- Satisfaction surveys (Consumer surveys are often in the form of a Likert scale that includes ratings ranging from Strongly disagree to Strongly agree.)
- Waiver audits
- Incident management data
- Complaint data
- Paid claims and financial audits
- Mortality review

SF 2315 requires DHS to enter into performance-based contracts with regions with provisions that include, but are not limited to:

- Access standards for required core services
- Penetration rates for serving the number of persons expected to be served:
 - The proportion of individuals who receive services compared to the estimated number of adults needing services in the region.

- Utilization rates for inpatient and residential treatment:
 - Percent of enrollees who have had fewer inpatient days following services.
 - The percentage of enrollees who were admitted to the following.
 - State mental health institutes
 - Medicaid funded private hospital in-patient psychiatric services programs
 - State resource centers
 - Private intermediate care facilities for persons with intellectual disabilities
- Readmission rates for inpatient and residential treatment:
 - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days.
 - State mental health institutes
 - Medicaid funded private hospital in-patient psychiatric services programs
 - State resource centers
 - Private intermediate care facilities for persons with intellectual disabilities
- Employment of the persons receiving services: (see pg. 4)
- Administrative costs
- Data reporting
- Timely and accurate claims payment

Domain: ACCESS TO SERVICES

Outcome: Services are accessible to enrollees.

CONSUMER MEASURES:

1. The location of the MHDS services was convenient for me to get to.
2. I didn't have to wait long to get an appointment for MHDS services.
3. I know how to access crisis services.
4. I was able to get all the services I thought I needed.

Other examples of possible Consumer measures of Access:

- The location of the medical services was convenient for me to get to.
- There is public transportation available for me to access my appointments.
- I know how to access MHDS services.

- I didn't have to wait long to get an appointment for medical services.
- I didn't have to wait long to get an appointment for MHDS services.
- I was able to see a psychiatrist when I wanted to.

PROVIDER AND SYSTEM MEASURES:

1. Average length of time on waiting list.
2. Percent of people receiving services who are in an evidence-based practices.
(Assertive Community Treatment, Supported Employment, Supported Education, Permanent Supportive Housing, Family Psycho-education, Peer Support, Self-help)
3. Percent of providers that have evening and weekend hours.
4. Number of enrollees without health insurance who are denied access to services due to lack of funding.
5. Percent of dollars spent on inpatient versus community services.

Other examples of possible Provider and System measures of Access:

- The proportion of individuals receiving services who enter the regional system at the correct service level given their needs.
- Length of time between sign-in and being seen.
- Percent of providers that have multi-lingual licensed clinical staff.
- Number of mobile crisis outreaches that result in diversion from inpatient.
- Number of providers with co-occurring (i.e. mental health and substance use) capacity.
- Number of staff trained in evidence-based practices. (e.g. motivational interviewing, cognitive behavioral therapy, etc)
- Percent of dollars spent on evidence-based practices.

Domain: A LIFE IN THE COMMUNITY

Outcome: Enrollees have the opportunity to live in the least restrictive, most integrated settings.

CONSUMER MEASURES:

1. I am pleased with how much influence I had in choosing where I live.
2. My housing situation has improved since receiving services.
3. I chose who to live with.
4. I feel like part of my community.
5. Do you have access to transportation?
6. Do you live close to food shopping and other community amenities?

PROVIDER AND SYSTEM MEASURES:

1. Percent of enrollees that have their own lease.
2. The percentage of enrollees who live in integrated housing. *Integrated housing means:* an individual lives in a community based setting of their choosing, in which no more than 25% of individuals in the complex or surrounding neighborhood are considered to be disabled.
3. Based on Iowa Coalition for Integrated Employment:

Type of Job*	Works in this type of job	Hours worked**	Gross wages earned**
1) Facility Based Employment Employment in which the majority of individuals have disabilities and is typically located in a facility owned, leased, rented, or managed by a service provider.	1a) yes/no	1b) Number of hours worked in reporting period	1c) Total gross wages earned during reporting period
2) Group Integrated Employment Employment in which a group of individuals with disabilities are integrated in a typical community business where most people do not have disabilities	2a) yes/no	2b) Number of hours worked in reporting period	2c) Total gross wages earned during reporting period
3) Integrated Employment Employment in which an individual with a disability is employed in the general workforce.	3a) yes/no	3b) Number of hours worked in reporting period	3c) Total gross wages earned during reporting period
4) Self-Employment Employment in which an individual	4a) yes/no	4b) Number of hours worked in	4c) Total gross wages earned

with a disability's primary employment and income is from a business they own or operate.		reporting period	during reporting period
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* Data will be reported for each type of job. Hours and wages are reported for each type of job with a "yes" response.

** Cumulative across all jobs for each type of job if the person works in more than one position

Other examples of possible Provider and System measures for Life in the Community:

- Percent of enrollees who pay more than 30% of their income toward housing expenses.
- Length of time consumer has lived in their current housing.
- Number of enrollees that have been homeless in the past 90 days.
- How far must you walk to access public transportation? (Less than ¼ mile; ¼ - ½ mile, ½ - 1 mile; over 1 mile)

Domain: PERSON-CENTEREDNESS

Outcome: Services are coordinated and delivered in a person-centered fashion with enrollees involved in all planning and decision-making.

CONSUMER MEASURES:

1. I, not staff, decided my treatment goals.
2. I choose who comes to my meetings.
3. I am asked about what information I want in my plan.
4. The staff took my preferences into account in recommending what my treatment and service plan would be.
5. I was satisfied with how my MHDS needs were addressed.
6. The staff was sensitive and accommodating to my cultural/ethnic background.
7. I felt respected and well-treated by staff at the MHDS agency.
8. I was given information about my rights.

Other examples of possible Consumer measures for Person-Centeredness

- I plan and schedule my daily activities.

- I am involved in scheduling when and where my planning meetings are held.
- I agreed to the supports identified in my person-centered plan.
- If I disagree with something in my person-centered plan, I am given the opportunity to express my disagreement.
- The medical staff took my preferences into account in recommending what my treatment and service plan would be.
- I was satisfied with how my physical health needs were addressed.
- I felt respected and well-treated by staff at the medical clinic.
- Staff encouraged me to take responsibility for how I live my life.
- Staff respected my wishes about who is and who is not to be given information about my treatment.

PROVIDER AND SYSTEM MEASURES:

1. Percent of providers with policies in place that require consumer involvement in developing service plans.

Domain: HEALTH AND WELLNESS

Outcome: Enrollees have the opportunity to improve their overall health and well-being.

CONSUMER MEASURES:

1. Since receiving services, I am more aware of the need to take care of my physical health.
2. Since receiving services, I have decreased the amount of cigarettes that I smoke.
3. I participate in at least one program that improves my health (e.g. wellness group, smoking cessation program, diet and exercise program).

Other examples of possible Consumer measures for Health/Wellness:

- Since receiving services, I have decreased my alcohol or drug use.
- I am eating healthier than I did six months ago.

PROVIDER AND SYSTEM MEASURES:

1. Percent of enrollees who receive active care management.
2. Percent of enrollees who have received primary care services in the past year.

3. Percent of total enrollees screened for Body Mass Index (BMI)
4. Percent of total enrollees screened for smoking
5. Percentage of enrollees screening positive for smoking
6. Percent of enrollee smokers participating in smoking cessation activities
7. Percent of enrollees screened for alcohol or drug use.
8. Percent of enrollees enrolled in physical health program (wellness groups; smoking cessation programs; diet and exercise programs)
9. Frequency of case conferencing between mental health and primary care professional staff

Other examples of possible Provider and System measures for Health/Wellness:

- Percent of enrollees who have seen a Dietician or Nutritionist in the past year.
- Percent of enrollees referred from MHDS agency to primary care keeping first appointment
- Percent of enrollees with positive BMI and/or waist girth scores participating in nutrition/exercise programs and/or education
- Percentage of enrollees screening positive for alcohol or drug use.
- Percent of enrollee participating in alcohol or drug cessation activities

Domain: FAMILY AND NATURAL SUPPORTS

Outcome: Enrollees have the opportunity to improve and maintain family and natural supports.

CONSUMER AND FAMILY MEASURES:

1. I have positive supportive relationships that meet my needs.
2. The services I receive have helped me improve relationships with family and friends.
3. In a crisis, I would have the support I need from family or friends.
4. My family receives accurate and accessible information and counseling regarding the nature of our family member's disability as well as relevant services and community resources.
5. I know some of my neighbors by their first name and they know me.

6. When I participate in leisure activities, I usually do this with family or friends.

Other examples of possible consumer and family measures for Family and Natural Supports:

- Proportion of eligible families that report access to an adequate array of services and supports.
- Proportion of families that report services received have helped them to better care for their family member living at home.
- I am getting along better with my family.
- I am happy with the friendships I have.
- I have people with whom I can do enjoyable things.
- Some of my neighbors know my first name.

PROVIDER AND SYSTEM MEASURES:

1. Percent of enrollees who allow sharing of information with family members, by provider.
2. Of those who have a release permitting information sharing with family or significant others, the percent of records where staff have documented outreach and engagement.

Other examples of possible provider and system measure for family and natural supports:

- The number of Information and Referrals made to enrollees regarding relevant services and community resources available in each Region.
- Number of family support groups that are provided within the Region.
- The number of Information and Referrals made to family members regarding relevant services and community resources available in each Region.

Domain: QUALITY OF LIFE/SAFETY

Outcome: Enrollees' quality of life should improve as a result of services.

CONSUMER MEASURES:

1. I do better in social situations.
2. I do better in school and/or work.

3. I am better able to do things that I want to do.
4. My self-esteem has improved as a result of receiving services.
5. I feel safe from abuse, neglect, restraint, seclusion, injury and coercive interventions.
6. I feel safe in my home.

Other examples of possible Consumer Measure for Quality of Life/Safety:

- I feel safe in my community.
- I deal more effectively with daily problems.
- My symptoms are not bothering me as much.
- I do things that are more meaningful to me.
- I make my own decisions.

PROVIDER AND SYSTEM MEASURES:

1. Percent of enrollees whose financial status improved in the past year.
2. Percent of enrollees who feel that their overall quality of life has improved since receiving services.

Other examples of possible Provider and System Measures of Quality of Life:

- Percent of enrollees who experienced a reduction in symptoms based on standardized assessment.